

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3						
4	/					
5		3				
6		3				
7		3				
8		3				
9		3				
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19		3				
20	/					
21	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		4				
TOTAL DEP.		87				
TOTAL CLAIMS		85				